

Amdt. dated August 25, 2003  
Reply to Office action of May 23, 2003

Serial No. 09/513,859  
Docket No. SJO000031US1  
Firm No. 0035.0001

## **REMARKS/ARGUMENTS**

Claims 1, 3-17, 19-31, and 33-36 are pending in the application. Claims 19 and 33 have been amended. Reconsideration is respectfully requested. Applicants submit that the pending claims 1, 3-17, 19-31, and 33-36 are patentable over the art of record and allowance is respectfully requested of claims 1, 3-17, 19-31, and 33-36.

In paragraph 2, the Office Action objects to claims 19 and 33. Claims 19 and 33 have been amended to overcome the objections and to place the claims in better form.

In paragraph 6, the Office Action rejects claims 1, 3-17, 19-31, and 33-36 under 35 U.S.C. §103(a) as being unpatentable over Lavin et al. (U.S. Patent No. 5,772,585) in view of Brown (U.S. Patent No. 6,032,119). Applicants traverse these rejections for the following reasons.

Claim 1 describes generating an electronic patient data structure including patient biographical information and one of medical history information including medical event information, medication schedule information, and appointment schedule information. The patient data structure is electronically transmitted between a physician computer and a portable patient device, wherein the patient data structure is capable of being modified. In the display of the portable computing device, a main menu of selectable views are displayed, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view, and wherein the appointment schedule view displayed in the display of the portable computing device differs from the appointment schedule view that is displayable on a display at the physician computer.

Applicants respectfully submit that neither the Lavin patent, nor the Brown patent, either alone or together teaches or suggests the subject matter of amended claim 1.

For example, the Lavin patent describes a main menu with an appointment button, a patient information button, a clinical button, a reports button, and a utilities button (Col. 5, lines 47-50; FIG. 2). The Lavin patent does not teach or suggest the claimed display of *a main menu allowing selection of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view*. For example, in the Lavin patent, to access history information, selection of a patient information button is selected (FIG. 2), and then a history tab is selected (FIG. 11). On the other hand, with the claimed invention, medical history is accessed by the medical history view available from the main menu. Thus, the Lavin patent teaches away from the subject matter of claim 1. Also, the cited portion of the Lavin patent (at Col. 6, lines 8-67; Col. 7, lines 12-67 - Col. 8, line 67; Col. 14, lines 48-67 to Col. 15, line 46) describes an appointment screen in FIG. 4, a patient selection screen in FIG. 5, an appointment scheduling routine in FIG. 6, patient screens in FIGs. 7-9, screens for entering patient medical background information in FIGs. 10-11, a vital statistic entry screen in FIG. 12, and relationships among tables/screens in FIGs. 22, 23, and 24. Again, this description does not teach or suggest display of a main menu allowing selection of a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view.

In the Brown patent, FIGs. 5A - 5G are schematic depictions of screen shots. (Col. 6, lines 19-21) The Brown patent describes that the display comprises several sections: a body image section, a log book section, a blood glucose center section, a feedback section, and a mail center section. (Col. 6, lines 46-51) The Brown patent does not teach or suggest the claimed display of a main menu of selectable views, wherein the selectable views comprise a patient bio view, a medical history view, a patient medication schedule view, an appointment schedule view, and a log view. Instead, the Brown patent teaches away from the subject matter of claim 1.

Even if combined, the Lavin patent and the Brown patent do not teach or suggest the subject matter of claim 1.

Independent claims 11, 17, 25, and 31 are not taught or suggested by the Brown ('095) or Brown ('119) patents, either alone or in combination for at least the same reasons as were discussed with respect to claim 1.

Dependent claims 3, 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 incorporate the language of independent claims 1, 11, 17, 25, and 31, respectively, and add additional novel elements. Therefore, dependent claims , 6-7, 10, 12, 14, 19, 23-24, 26, 31, 33, and 36 are not taught or suggested by the Lavin or Brown patents, either alone or in combination for at least the same reasons as were discussed with respect to independent claim 1.

For example, amended claims 3, 19, and 33 describe indicating, with the portable patient device, that one scheduled patient medication shown in the patient medication schedule view was taken, wherein the medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record and storing the indication that the patient took the scheduled patient medication in the patient data structure in the portable computing device.

The Lavin patent at cited Col. 6, lines 58-67 describes a physician scheduling screen that allows a user to view and alter physician availability, at cited Col. 8, lines 39-67 describes entry of vital statistics on a vital statistics screen, and at cited Col. 12, lines 8-50 describes that a physician enters treatment plan data including medication regimens that the physician determines are appropriate. Although the Lavin patent describes medication regimens recommended by a physician, the Lavin patent does not describe storing an indication that the patient took the scheduled patient medication in the patient data structure in the portable computing device. Also, the Lavin patent, however, does not describe a medication schedule view that provides a calendar display of a medication schedule derived from prescription subrecords in a patient record.

The Brown patent describes that the patient can access and modify records of medication. (Col. 6, lines 37-38) However, neither the Lavin patent nor the Brown patent describe that the

medication schedule view provides a calendar display of a medication schedule derived from prescription subrecords in a patient record.

Claims 4, 20, and 34 describe setting an alarm to activate to provide an alert of one scheduled patient medication or appointment, wherein the alarm is set by a patient. On the other hand, the Lavin patent describes at Col. 14, lines 1-2 an allergy alert screen. An allergy alert screen that alerts the physician of potential or known allergies (Col. 13, lines 65-67- Col. 14, line 1) does not teach or suggest an alarm set by a patient to provide an alert for taking scheduled medication or for an appointment.

Claims 5, 13, 21, 27, and 35 describe log information that is read-only and once generated cannot be altered. On the other hand, the Lavin patent at Col. 10, lines 50-67 describes a physician recording progress notes. Since the physician is recording notes, it would be expected that the physician may modify the notes (e.g., to correct typos), which would teach away from log information that is read-only and once generated cannot be altered. Also the Brown patent describes a logbook that may be modified (Col. 6, lines 37-40).

Claims 6, 14, and 28 describe adding, with the physician computer, one of appointment and medication events to the patient data structure, wherein one appointment event indicates a scheduled medical related visit and one medication event indicates a drug prescription, wherein the drug prescription is digitally signed and transmitting the modified patient data structure to the patient device. The Lavin patent describes a digitized physician signature to be entered through a computer pen or retrieved from a file (Col. 14, lines 18-21). On the other hand, as read in light of the Specification at page 12, lines 17-20, the claimed digital signature is defined as signing with a public key so that a pharmacist may authenticate an electronic prescription. Neither the Lavin nor the Brown patent describe such digital signing.

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Claims 8, 15, 19, and 29 describe storing, with the physician computer, patient data structures for multiple patients; displaying, at the physician computer, an interactive schedule of patient appointments from the appointment schedule view maintained in the patient data structures, wherein appointment events are added to

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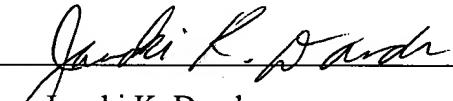
Conclusion

For all the above reasons, Applicant submits that the pending claims 1, 3-17, 19-31, and 33-36 are patentable over the art of record. Applicants have not added any claims. Nonetheless, should any additional fees be required, please charge Deposit Account No. 50-0585.

The attorney of record invites the Examiner to contact him at (310) 553-7977 if the Examiner believes such contact would advance the prosecution of the case.

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By:



Janaki K. Davda  
Registration No. 40,684

Please direct all correspondences to:

David Victor  
Konrad Raynes Victor & Mann, LLP  
315 South Beverly Drive, Ste. 210  
Beverly Hills, CA 90212  
Tel: 310-553-7977  
Fax: 310-556-7984